

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for dates of service 2-20-02 and 3-1-02.
 - b. The request was received on 6-24-02.
 - c. An updated table of disputed services was received from the provider on 9-25-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 8-2-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 8-5-02. The response from the insurance carrier was received in the Division on 10-7-02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Notice of Letter Requesting Additional Information submitted is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 6-24-02:
“THE INJURED EMPLOYEE SUSTAINED A COMPENSABLE INJURY ON ____, WHICH HAS BEEN ADJUDICATED BY TWCC AS A COMPENSABLE INJURY ON ____.”
2. Respondent: The Response was not timely and consequently not eligible for review.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is are 2-20-02 and 3-1-02.
2. The Carrier has denied the disputed services as: “R 229 – PROCEDURE DOES NOT APPEAR RELATED TO THE INJURY AND/OR DIAGNOSIS, WE WILL RE-EVALUATE THIS CHARGE UPON RECEIPT OF CLARIFYING INFORMATION.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
3-1-02	62282	\$675.00	\$-0-	R229	\$400.00	TWCC Advisory 97-01; CPT Descriptor	<p>The Carrier has denied the disputed service as “R”.</p> <p>A Contested Case Hearing, held 2-25-02, determined that the injury did involve the cervical and lumbar areas of the spine.</p> <p>Review of the actual procedure note indicated that a lumbar epidural steroid injection was to be performed. However, the medical documentation supported that the lumbosacral spine was prepped but the actual injection was performed to the S2/3 segment of the sacral spine.</p> <p>Based on the medical documentation a determination of relatedness cannot be established. Therefore, no reimbursement is recommended.</p>

MDR: M4-02-4297-01

3-1-02	72220	\$160.00	\$-0-	R229	\$51.00	MFG; Radiology/Nuclear Medicine Ground Rules; (I) (C); CPT Descriptor	<p>The Carrier has denied the disputed service as "R".</p> <p>A Contested Case Hearing, held 2-25-02, determined that the injury did involve the cervical and lumbar areas of the spine.</p> <p>Documentation does not support that a radiological x-ray was performed. The only medical documentation noted, regarding x-rays for date of service 3-1-02, was spot fluoroscopic views of the lumbosacral spine to confirm position of the needle in the sacral canal during the ESI.</p> <p>Therefore, no reimbursement is recommended.</p>
3-1-02	76000	\$300.00	\$-0-	R229	\$110.00	TWCC Advisory 97-01; CPT Descriptor	<p>The Carrier has denied the disputed service as "R".</p> <p>A Contested Case Hearing, held 2-25-02, determined that the injury did involve the cervical and lumbar areas of the spine.</p> <p>Review of the actual procedure note indicated that a lumbar epidural steroid injection was to be performed under fluoroscopy. However, the medical documentation supported that the lumbosacral spine was prepped but the actual injection was performed to the S2/3 segment of the sacral spine.</p> <p>Based on the medical documentation a determination of relatedness cannot be established . Therefore, no reimbursement is recommended.</p>

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3-1-02	94760	\$55.00	\$-0-	R229	\$52.00	TWCC Advisory 97-01; CPT Descriptor	<p>The Carrier has denied the disputed service as "R".</p> <p>A Contested Case Hearing, held 2-25-02, determined that the injury did involve the cervical and lumbar areas of the spine.</p> <p>Review of the actual procedure note indicated that a lumbar epidural steroid injection was to be performed under fluoroscopy. However, the medical documentation supported that the lumbosacral spine was prepped but the actual injection was performed to the S2/3 segment of the sacral spine.</p> <p>Based on the medical documentation, a determination of relatedness cannot be established for the main procedure as billed or any supplies utilized during the procedure. Therefore, no reimbursement is recommended.</p>
3-1-02	J7040	\$20.00	\$-0-	R229	DOP		
3-1-02	J0704	\$25.00	\$-0-	R229	DOP		
3-1-02	J2000	\$15.00	\$-0-	R229	DOP		
3-1-02	J3490	\$20.00	\$-0-	R229	DOP		
3-1-02	J3490	\$25.00	\$-0-	R229	DOP		
3-1-02	J3010	\$25.00	\$-0-	R229	DOP		
3-1-02	E0776	\$20.00	\$-0-	R229	DOP		
3-1-02	A4454	\$20.00	\$-0-	R229	DOP		
3-1-02	A4556	\$45.00	\$-0-	R229	DOP		
3-1-02	A4615	\$20.00	\$-0-	R229	DOP		
3-1-02	A4616	\$20.00	\$-0-	R229	DOP		
3-1-02	A4209	\$15.00	\$-0-	R229	DOP		
3-1-02	A4212	\$20.00	\$-0-	R229	DOP		
3-1-02	A4215	\$15.00	\$-0-	R229	DOP		
3-1-02	99499-RR	\$100.00	\$-0-	R229	DOP	TWCC Advisory 97-01; CPT Descriptor	<p>The Carrier has denied the disputed service as "R".</p> <p>A Contested Case Hearing, held 2-25-02, determined that the injury did involve the cervical and lumbar areas of the spine.</p> <p>Review of the actual procedure note indicated that a lumbar epidural steroid injection was to be performed under fluoroscopy. However, the medical documentation supported that the lumbosacral spine was prepped but the actual injection was performed to the S2/3 segment of the sacral spine.</p> <p>Based on the medical documentation, a determination of relatedness cannot be established for the main procedure as billed or any service rendered as a result of the procedure. Therefore, no reimbursement is recommended.</p>

2-20-02	99213	\$65.00	\$-0-	R229	\$48.00	TWCC Advisory 97-01; CPT Descriptor	<p>The Carrier has denied the disputed service as "R".</p> <p>A Contested Case Hearing, held 2-25-02, determined that the injury did involve the cervical and lumbar areas of the spine.</p> <p>Documentation supports that the office visit was related to the compensable injury. "Still showing some spasm and tenderness in the lumbar spine. Neuro exam shows centralization of the radicular pains in the low back".</p> <p>Therefore, reimbursement is recommended in the amount of \$48.00.</p>
Totals		\$1660.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$48.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$48.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 25th day of November 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

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